Division, Department, or Region (if applicable)  Designated Agency Contact (Name, Title)  Area Code/Phone Number   E-mail   Date of Original Filling:   (month, day, year)  Function or Event Information  Does the agency have a ticket policy?   Yes   No   Face Value of Each Ticket/Pass \$   Sevent Description:   Source   Source	Agency Name	whar	5000	Date Stamp	Californi Form	a 80
Area Code/Phone Number  Brail  B S S 4 9 0	Division, Department, or Region (if applicable)	wit !	CZOY FEB	3 AM 9:1.0		al Use Only
Aréa Code/Phone Number    Aréa Code/Phone Number   E-mail	Designated Agency Contact (Name Title)					
Area Code/Phone Number    S   S   S   S   S   S   S   S   S	A D. Law		ļ	☐ Amendment /Mus	t Provide Evelenation	in Part 3 )
Function or Event Information  Does the agency have a ticket policy? Yes No Date(s)  Event Description:	Area Code/Phone Number E-mail	1 -		,		i III Pail 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: Foundation of Ticket (s)/Pass(es) provided by agency? Yes No If no: Name of Source  Was ticket distribution made at the behest Yes No If no: Name of Source  Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First)  Recipients  **Use Section A to identify the agency's department or unit. **Use Section B to Identify an individual. **Use Section C to Identify an outside organization.  A. Name of Agency, Department or Unit Official's Name (Last, First)  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Income If Checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Income If Checking "Ceremonial Role" or "Other" describe below:  **Official's Name of Identify one of the following: Income If Checking "Ceremonial Role" or "Other" describe below:  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Official's Name (Last, First)  **Describe the public purpose made pursuant to the agency's policy Passes  **Official's Name (Last, First)  **Official's Name (Last, First)	0535 4907 andres. Ju	nterola	San Josep	Date of Original Filing	(month, day, y	ear)
Event Description:    Grovide Title/ Explanation   If no:   Substitution   Name of Source   Official's Name (Last, First)	· ·		iano Valuo of E	Each Ticket/Page \$	53	
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source   Name of Source				22, 19		,
Was ticket distribution made at the behest Yest. No If yes: Official's Name (Last, First)  Recipients  * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit Officket(s)/ Passes  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income if checking **Ceremonial Role* or **Other* describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income if checking **Oeremonial Role* or **Other* describe below:  Number of Ticket(s)/ Passes  Ceremonial Role Describe the public purpose made pursuant to the agency's policy Passes  Company **Oeremonial Role** or **Other* describe below:  Number of Ticket(s)/ Passes  Ceremonial Role Describe the public purpose made pursuant to the agency's policy Passes  Company **Oeremonial Role** or **Other* describe below:  **Other* describe below:  Number of Ticket(s)/ Passes  Ceremonial Role Describe the public purpose made pursuant to the agency's policy Passes  Ceremonial Role Describe the public purpose made pursuant to the agency's policy Passes  Overification  In Author of Ticket(s)/ Passes	Provide Title/ Explan	nation	< T	ANTON	AAA	127
Recipients  *Use Section A to identify the agency's department or unit.  *Use Section B to identify an individual.  *A. Name of Agency, Department or Unit  *Number of Ticket(s)/ Passes  B. Name of Individual (Last, First)  **Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes  **Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes  **Ceremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role" or "Other" describe below:  **Coremonial Role   Other   Income If checking "Caremonial Role"				Name of Source	, , , , , , ,	10/-
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